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CONFIRMATION NO. 5270

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/808,878	<b>FILING OR 371(c) DATE</b> 03/15/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> AM100226
<b>APPLICANTS</b> James H. Pickar, Springfield, PA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/268,607 02/14/2001 which claims benefit of 60/190,630 03/20/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/17/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 66
<b>INDEPENDENT CLAIMS</b> 12				
<b>ADDRESS</b> 26646				
<b>TITLE</b> Hormone replacement therapy				
<b>FILING FEE RECEIVED</b> 2276	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	